

MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY

for Categories that have Expenditure Variance of More than 10%

Expenditure variance as of: JUNE, 2018
Percent of year lapsed: 33%

How expenditure variance is calculated: The service category expenditure year-to-date is compared to the contract term lapsed percentage. For example, if 50% of the contract term has lapsed, the YTD service category expenditure should be at 40%-60%. Service categories that do not have a variance of more than 10% are indicated as “Within Variance.”

Note: Explanations and Projections shown below were provided by HIV services agencies in their Monthly Expenditure Variance Reports.

Core Medical Services	%	Explanation
Medical Case Management – not MAI	Within Variance	
Health Insurance Premium & Cost Sharing Assistance	Within Variance	
Outpatient/Ambulatory Health Services	Within Variance	
AIDS Drug Assistance Program (ADAP)	Within Variance	
AIDS Pharmaceutical Assistance – local	Within Variance	
Mental Health Services	23%	Variance is occurring due to increase from the 3 rd award. As this is a multi-provider service category, there are additional challenges in spending down the grant issued as partial awards.
Oral Health Care	Within Variance	
Substance Abuse Services – outpatient	21%	Variance is occurring due to increase from the 3 rd award and subcontractor billing cycles. Spending should normalize in the coming months.
Medical Nutrition Therapy	Within Variance	

Support Services	%	
Medical Transportation Services	14%	Funds were beginning to be expended in May and June; still using supply of passes purchased in FY'17.
Case Management Services Non-Medical – not MAI	Within Variance	
Case Management Services Non-Medical– MAI	Within Variance	
Substance Abuse Services – residential	16%	
Early Intervention Services – not MAI	Within Variance	
Early Intervention Services – MAI	Within Variance	
Psychosocial Support Services	0%	Contract was not in place for June billing.
Emergency Financial Assistance	45%	In November, The Texas DSHS began aligning ADAP screenings with clients' birthdays. This initial transition has been confusing for some patients, leading some to miss recertification and be dropped from ADAP and placing additional demand on EFA funding in order to avoid an interruption in treatment. Additionally, in June, the OAHS provider's rapid linkage program began. The rapid linkage program relies on EFA funds to support access to medication for those waiting for ADAP and PAP.
Housing Services	45%	Additional Units of Services were provided in this category due to client demand for services.
Food Bank / Home-Delivered Meals	Within Variance	